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CONFIRMATION NO. 3004

|   |   |                               |   |   |   |
|---|---|-------------------------------|---|---|---|
| <b>SERIAL NUMBER</b><br>10/603,883  | <b>FILING OR 371(c) DATE</b><br>06/25/2003<br><b>RULE</b>   | <b>CLASS</b><br>606           | <b>GROUP ART UNIT</b><br>3735   | <b>ATTORNEY DOCKET NO.</b><br>ENDO144   |   |
| <b>APPLICANTS</b><br>Thach Duong, Garden Grove, CA;<br>Sanford D. Damasco, Irvine, CA;<br>David J. Battles, Kailua, HI;<br>Paul W. Mikus, Irvine, CA;<br>Jeffrey Kurtzer, San Clemente, CA;   |   |                               |   |   |   |
| <b>** CONTINUING DATA *****</b><br><i>None</i>  |   |                               |   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None</i>   |   |                               |   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 12/05/2003</b>   |   |                               |   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br><del>12</del> 36 | <b>INDEPENDENT CLAIMS</b><br><del>1</del> 3 |
| <b>ADDRESS</b><br>33746   |   |                               |   |   |   |
| <b>TITLE</b><br>Detachable cryosurgical probe   |   |                               |   |   |   |
| <b>FILING FEE RECEIVED</b><br>699   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |   |